

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

|   |                       |   |                 |  |  |  |  |  |  |
|---|-----------------------|---|-----------------|--|--|--|--|--|--|
| <b>1 Date of Request:</b> _____                             |                       | <b>2 Serial/Patent #</b> <u>10/522330</u>   |                 |  |  |  |  |  |  |
| <b>3 Please refund the following fee(s):</b>                | <b>4 PAPER NUMBER</b> | <b>5 DATE FILED</b>   | <b>6 AMOUNT</b> |  |  |  |  |  |  |
| <input type="checkbox"/> Filing                             |                       | 85 Jun 05   | \$ 250          |  |  |  |  |  |  |
| <input type="checkbox"/> Amendment                          |                       |   | \$              |  |  |  |  |  |  |
| <input type="checkbox"/> Extension of Time                  |                       |   | \$              |  |  |  |  |  |  |
| <input type="checkbox"/> Notice of Appeal/Appeal            |                       |   | \$              |  |  |  |  |  |  |
| <input type="checkbox"/> Petition                           |                       |   | \$              |  |  |  |  |  |  |
| <input type="checkbox"/> Issue                              |                       |   | \$              |  |  |  |  |  |  |
| <input type="checkbox"/> Cert of Correction/Terminal Disc.  |                       |   | \$              |  |  |  |  |  |  |
| <input type="checkbox"/> Maintenance                        |                       |   | \$              |  |  |  |  |  |  |
| <input type="checkbox"/> Assignment                         |                       |   | \$              |  |  |  |  |  |  |
| <input type="checkbox"/> Other                              |                       |   | \$              |  |  |  |  |  |  |
|   |                       | <b>7 TOTAL AMOUNT OF REFUND</b> <u>FE</u>   |                 |  |  |  |  |  |  |
|   |                       | \$  |                 |  |  |  |  |  |  |
| <b>8 TO BE REFUNDED BY:</b>                                 |                       |   |                 |  |  |  |  |  |  |
| <b>10 REASON:</b>   |                       | <input type="checkbox"/> Treasury Check   |                 |  |  |  |  |  |  |
|   |                       | <input type="checkbox"/> Credit Deposit A/C #:  |                 |  |  |  |  |  |  |
|   |                       | <input type="checkbox"/> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |                 |  |  |  |  |  |  |
|   |                       |   |                 |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Overpayment             |                       |   |                 |  |  |  |  |  |  |
| <input type="checkbox"/> Duplicate Payment                  |                       |   |                 |  |  |  |  |  |  |
| <input type="checkbox"/> No Fee Due (Explanation):          |                       |   |                 |  |  |  |  |  |  |
| <u>Fee code change - Refund \$ 50.00 credited</u>           |                       |   |                 |  |  |  |  |  |  |
| 02 FD-2632 <span style="float: right;">-250.00 DP</span>    |                       |   |                 |  |  |  |  |  |  |
| <b>11 REFUND REQUESTED BY:</b>                              |                       |   |                 |  |  |  |  |  |  |
| <b>TYPED/PRINTED NAME:</b> <u>P. K. Iwett</u>               |                       | <b>TITLE:</b> <u>Paralegal</u>  |                 |  |  |  |  |  |  |
| <b>SIGNATURE:</b> <u>P. K. Iwett</u>                        |                       | <b>PHONE:</b> <u>703 305 4140 Ext 216</u>   |                 |  |  |  |  |  |  |
| <b>OFFICE:</b> _____  |                       |   |                 |  |  |  |  |  |  |
| *****<br>THIS SPACE RESERVED FOR FINANCE USE ONLY:<br>***** |                       |   |                 |  |  |  |  |  |  |
| <b>APPROVED:</b> _____                                      |                       | <b>DATE:</b> _____  |                 |  |  |  |  |  |  |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**